

**BOARD OF DIRECTORS MEETING
25TH JUNE 2015**

**Nursing, Quality & Patient Experience Directorate
PATIENT VOICE REPORT
Health Partnerships Division:
Nutrition and Dietetics Service**

1. INTRODUCTION

This is the monthly Patient Voice report produced for the Board.

This report:

- Outlines our approach to listening to the Patient Voice through these monthly reports.
- Illustrates some of the key themes raised in Health Partnerships Division with a focus on Nutrition and Dietetics Service.

2. REPORT SUMMARY

The key highlights of this month's report are:

- The Trust's Service Quality Rating for March to May 2015 is 94%. Our Friends and Family Test Score is 97% (this is the percentage of people who would be extremely likely or likely to recommend our services if their friends or family need similar care or treatment).

This month's Patient Voice Report is focusing on the Health Partnerships Division with an in-depth look at Nutrition and Dietetics Service. It looks at some of the main issues, comments and stories relating to the service as well as work that is being undertaken to improve the service user experience. It also updates on the issues discussed at the March Board Meeting about the Children's Development Centre and the Short Breaks Service.

3. BACKGROUND

Our approach to Service User and Carer Experience is based on our involvement approach. One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

Our approach is also based on the Trust's values and aligned to Department of Health priorities.

As part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. In addition, the Berwick Report set out four key targets including listening to patients and transparency.

Our feedback website (<http://feedback.nottinghamshirehealthcare.nhs.uk/>) enables the public to leave and view feedback for teams and directorates they are also able to see the changes we have made in response to feedback. The website also enables staff to view feedback for their team/s see good practice, resources and training around patient feedback.

As part of our approach the Board receives a quarterly Involvement and Experience Report which looks at quality ratings, key themes and actions taken for each Directorate. This Patient Voice Report is a monthly report and focuses on patient stories and comments relating to the key issues raised by service users, patients and carers.

4. APPROACH

The general approach for the monthly report is outlined below.

We will **highlight any big issues that people are raising in each Division and illustrate these with stories and comments that relate to these issues.** We will focus on one Division per month and select a range of issues over the year. We will also look at individual directorates over the course of the year.

We will **highlight any issues that have arisen from any Division in the last month so the Board has early warning of new or concerning issues.**

We will **use a range of methods to present stories and comments.** These may include stories via Patient Opinion, video stories, people telling their stories and comments from surveys / meetings.

The intention is that we use patient stories, comments and other feedback to give the Board **insight and understanding into the issues service users and carers are raising.** We would expect services to resolve specific issues and where possible to let the Board know how they are responding to issues illustrated. Each month **we will review how the Division has responded to the issues raised** when we focused on it three months previously.

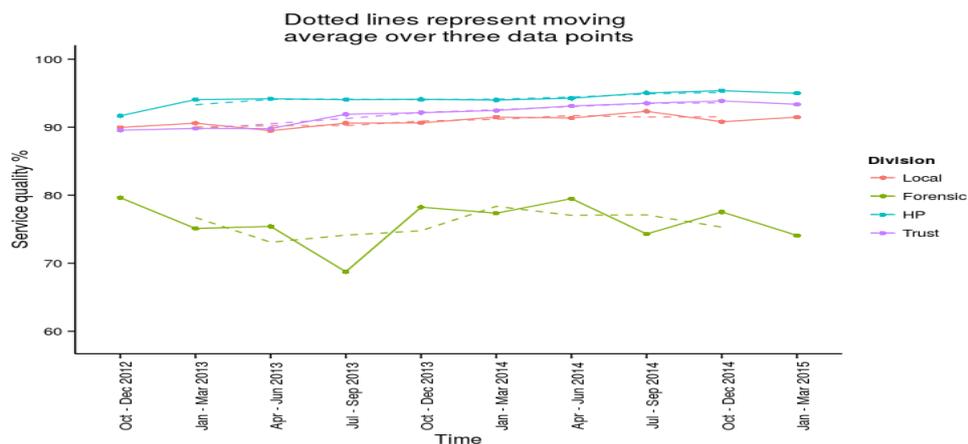
5. TRUST WIDE HEADLINES

5.1 TRUST SURVEY FEEDBACK

This report summarises data from March to May 2015, with a comparison with the previous 3 months, from December 2014 to February 2015. We received 7030 responses during the above date range, 1154 of which were from carers. Below are the headlines for the Trust taken from our feedback website:

	Trust	Local	Forensic	Health Partnerships
	March to May 2015 (comparing to previous rolling quarter, December 2014 to February 2015)			
Service Quality Rating	94% (92%)	92% (90%)	80% (76%)	96% (94%)
Friends and Family Test Score	97% (96%)	95% (94%)	72% (67%)	98% (98%)
Survey returns	7030 (6722)	1559 (1418)	105 (414)	5364 (4890)

5.2 SERVICE QUALITY RATING



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

The Trust overall score is accurate to within ± 0.3 points.

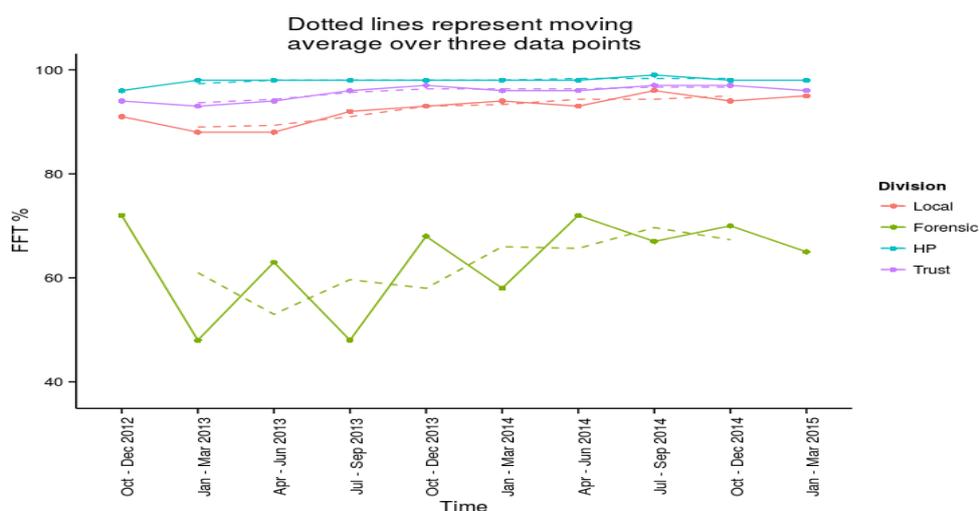
The Local score is accurate to within ± 0.9 points.

The Forensic score is accurate to within ± 2.5 points.

The Health Partnerships score is accurate to within ± 0.3 points.

This means that we can be confident that the ratings for the Trust, Local and Health Partnerships are reasonably accurate. For Forensic Services, there is more uncertainty in the scores. This is because we have had a lower number of responses from this Division and we survey different directorates each quarter. In the quarter (January to March 2015) we surveyed Rampton and Offender Health, and these directorates have, as previously, scored lower than when we surveyed Arnold Lodge and Wathwood in the previous quarter.

5.3 FRIENDS AND FAMILY TEST SCORE



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

The Trust overall score is accurate to within ± 0.6 points.
 The Local score is accurate to within ± 2.1 points.
 The Forensic score is accurate to within ± 4.9 points.
 The Health Partnerships score is accurate to within ± 0.6 points.

This means that we can be confident that the ratings for the Trust and Health Partnerships are reasonably accurate. For Local Services and Forensic Services there is uncertainty in the scores.

The Friends and Family Test Score for Forensic Services remain lower across the year. This may be due to the question being not as applicable in Forensic Services and people in these services being less likely to put that they are 'extremely likely' to recommend these services. The score also varies each quarter due to the reasons given for the Service Quality Rating above.

5.4 PATIENT OPINION

Below are some of the key headlines from Patient Opinion over the last three months.

	March to May 2015 Trust-wide (comparing with the previous 3 months - December 2014 to February 2015)	March to May 2015 Local (comparing with the previous 3 months- December 2014 to February 2015)	March to May 2015 Forensic (comparing with the previous 3 months- December 2014 to February 2015)	March to May 2015 Health Partnerships (comparing with the previous 3 months- December 2014 to February 2015)
Number of postings published	267 (315)	46 (50)	21 (17)	191 (24)
% that are rated (by Patient Opinion) as moderately critical or above	1% 2 postings (1%)	4% 2 postings (6%)	0% 0 postings (0%)	0% 0 postings (0%)
% that are rated (by Patient Opinion) as entirely complimentary	88% 234 postings (88%)	78% 36 postings (70%)	71% 15 postings (71%)	92% 175 postings (96%)
% that are have been responded to within 2 working days	64% 170 postings (76%)	58% 27 postings (60%)	62% 13 postings (71%)	68% 130 postings (78%)

5.5 CHANGES MADE AS A RESULT OF PATIENT OPINION IN THE LAST MONTH

Below are a number of changes that have been posted on Patient Opinion in the last month.

1. At Sherwood West Children's Centre two parents posted that the room was too hot. The response from the Community Involvement Worker was: "I have spoken to the group leader and we will ensure the room is cooler by opening doors and windows before the session starts so you will be more comfortable in the future."
2. At Sherwood West Children's Centre two parents posted that they didn't like weighing taking place in the toilet area. The District manager responded: "From next week the toilet area will not be used for weighing. Another room has been identified for private discussions with the health visitor."
3. The Wells Road Centre has been piloting a new procedure on the use of mobile phones. The asked for people's views on five wards about how it was working. The views were posted on Patient Opinion. As a result, the Acting Junior Matron responded:
"We have come to the end of our three month pilot to see how the mobile phone procedure has been working. There have been very few issues of concern regarding use of the phones. I am pleased to see that access to mobile phones has improved your ability to speak with friends and family and to organise aspects of daily life.

As a result of your comments we have agreed to increase access to ten o'clock in the evening as many of you felt that eight o'clock was too limited. We have also agreed that the coffee bar and central courtyard will be designated areas for basic hospital mobile phone use during Central Area access times. Our Procedure has now been altered to reflect these changes."
4. At HMP Nottingham a patient requested more support for patients with mental health issues and to be able to talk about these issues. The Head of Healthcare responded: "The new matron for mental health commenced on 5th May 2015. Access to mental health services is priority work in the first months of employment and you will certainly see an improvement in access times."
5. At HMP Nottingham a patient requested that times for collecting medication were put up on the prison wings. The medication times are now published on each wing for information for patients.

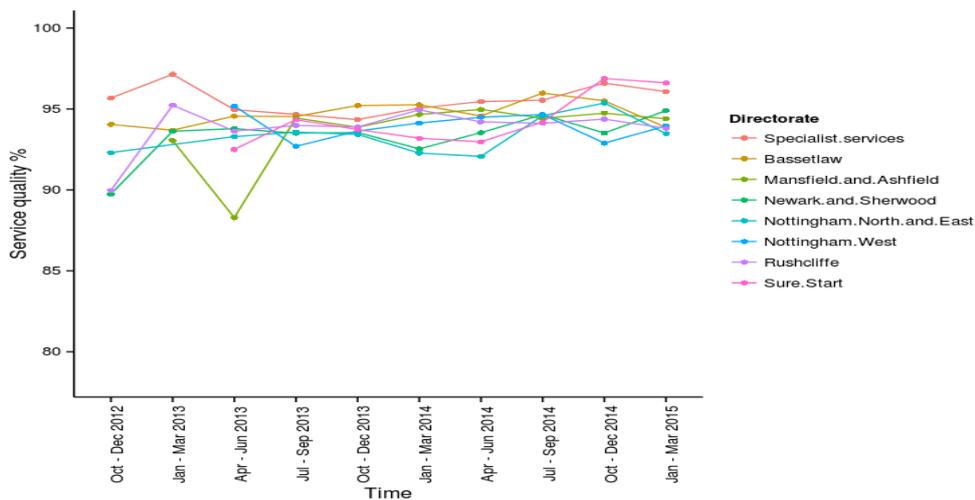
6. HEALTH PARTNERSHIPS DIVISION

This month the focus is on the Health Partnerships Division. We are taking an in-depth look at the views and experiences of patients and carers Nutrition and Dietetics Services.

The graphs below compare the Directorates in the Health Partnerships Division. The main issues raised for Nutrition and Dietetics Service from March to May 2015 and the previous year are also presented.

6.1 SERVICE QUALITY RATING

HEALTH PARTNERSHIPS DIVISION



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

The most recent Bassetlaw overall score is accurate to within ± 0

The most recent Mansfield and Ashfield overall score is accurate to within ± 0

The most recent Newark and Sherwood overall score is accurate to within ± 0

The most recent Nottingham North and East overall score is accurate to within ± 0.1

The most recent Nottingham West overall score is accurate to within ± 0.1

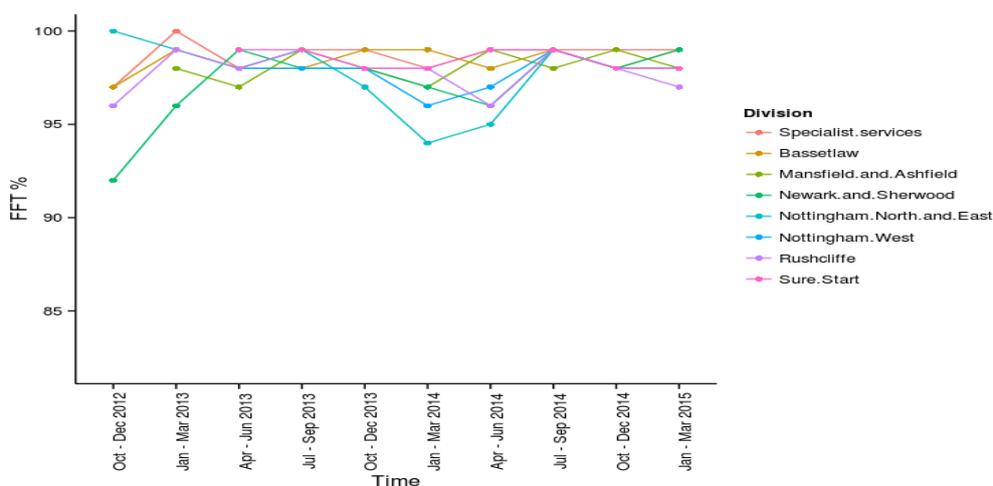
The most recent Rushcliffe overall score is accurate to within ± 0

The most recent Specialist services overall score is accurate to within ± 0

The most recent Sure Start overall score is accurate to within ± 0

6.2 FRIENDS AND FAMILY TEST

HEALTH PARTNERSHIPS DIVISION



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

The most recent Bassetlaw overall score is accurate to within ± 1.4
 The most recent Mansfield and Ashfield overall score is accurate to within The most recent Bassetlaw overall score is accurate to within ± 1.4
 The most recent Mansfield and Ashfield overall score is accurate to within ± 0.8
 The most recent Newark and Sherwood overall score is accurate to within ± 1.6
 The most recent Nottingham North and East overall score is accurate to within ± 1.4
 The most recent Nottingham West overall score is accurate to within ± 0.9
 The most recent Rushcliffe overall score is accurate to within ± 1.3
 The most recent Specialist services overall score is accurate to within ± 0.4
 The most recent Sure Start overall score is accurate to within ± 0.9

6.3 UPDATE FROM THE SHORT BREAKS UNIT AND CHILDREN'S DEVELOPMENT CENTRE

In the Patient Voice Report in March 2015 we focused Children's Development Centre and the Short Breaks Service and they key issues raised from survey feedback. Below are some developments since that meeting:

ISSUE RAISED – MARCH 2015	AGREED ACTION- UPDATE	TIMESCALE
The soft play environment at CDC was old and tired, and the equipment was outdated.	The newly refurbished Soft play is light bright and inviting, it has been well received by all who use it. The Children and young people have thoroughly enjoyed playing, while their parents have commented not only on how nice it all looks but on how safe it is as well. There is still art work planned in future months to further enhance this child friendly environment.	JUNE 2015
The therapeutic environment was not completely child/young person friendly.	The work is almost complete, the public and communal areas as well as the entrance have all been refreshed with new child friendly artwork. And new carpet and flooring have been installed to replace any worn areas. All who visit now make positive comments about the environment. Future fundraising will go towards replacing the soft surface in the outside clinic play area.	JUNE 2015
Parents requested information about activities that children and young people had been involved in during their stay in short breaks.	The next newsletter will follow the main summer school holidays and be produced in September. A summer family fun day has also been organised to involve the families/carers/siblings and friend of those children and young people who use the CDC - Sunday 16 th August at the CDC.	JUNE 2015
New child/YP SUCE survey forms are in use, although not appropriate for people with more complex needs. We need to gain meaningful feedback from Children and	This work has not been developed so far, however the short breaks team are working with parents and school to explore the different communication tools methods used by the Children and young people who access short breaks to enable these wherever possible to be facilitated during their stay in short breaks. This work has not been developed so far, however the short breaks team are working with parents and	JUNE 2015

young people who have very limited due to their communication abilities.	school to explore the different communication tools methods used by the Children and young people who access short breaks to enable these wherever possible to be facilitated during their stay in short breaks.	
Developing opportunities for parents and carers to become involved in staff recruitment	There is an ongoing commitment to involve parents wherever possible in recruitment and Audit. There has been no opportunity so far this year as no vacant posts; however a parent did support us to complete the PLACE audit at the CDC in March.	JUNE 2015

7. NUTRITION AND DIETETICS SERVICE

The Nutrition and Dietetics service provides clinical dietetics (or therapeutic dietary advice) at clinics in locations across Mansfield, Ashfield, Newark and Sherwood, the area known as 'Mid Notts'. The service is provided in both primary and secondary care, for people in the community and in hospital, and can be individual or group therapy.

Therapeutic dietary advice offers support for medical conditions which could include food allergy, diabetes, oncology (cancer), malnutrition etc. This advice can only be provided by a clinician registered with the Health and Care Professions Council (HCPC), and is tailored to the individual.

Structured group education is provided across Mid Notts for conditions including coeliac disease (an autoimmune disease where the individual cannot tolerate gluten in the diet), diabetes, also coronary rehab, pulmonary rehab, and carbohydrate counting course for children and young people to manage their Type 1 (insulin dependent) diabetes. The service also offers support and training for staff in nutrition and dietetics, supporting both community and hospital.

Previously we also provided Public Health Nutrition services, including the Cook and Eat sessions, healthy workshops in schools and Sure Start, however this service was decommissioned and we stopped providing the service from April 2015.

7.1 HEADLINES

	March to May 2015	Previous feedback period, December 2014 to February 2015
Service Quality Rating	94%	96%
Friends and Family Test Score	99%	100%
Number of Responses	200	149

7.2 MAIN ISSUES RAISED

There are a range of feedback mechanisms that are used in the Nutrition and Dietetics Service capture feedback, including:

- Survey
- Patient Opinion
- 'You Said, We Did' posters
- Service user/carer films

7.2.1 Feedback Survey

Below we outline the main issues raised from over the last three months and the Trust survey comments and Patient Opinion stories.

The main themes from the "**Improve one thing**" comments from the survey. We received 10 responses to this question in the last 3 months and 112 in the 12 months previous to that April 2014 to May 2015).

Category	% of overall total March to May 2015	Main issues last 3 months March to May 2015	Main issues for the previous 12 months March 2014 to February 2015
Communication	50%	2) Availability of information 20% 3) Staff/ staff 20% 5) Other 10%	1) Other 18.52% 3) Availability of information 11.11%
Care/ Treatment	50%	4) Appointments 10% 1) Other 40%	2) Appointments 12.96%
Access to services			4) Other 9.26%
Environment / Facilities			5) Other 9.26%

7.2.2 Patient Opinion

Comments about cooking sessions: [188861](#) posted 16/10/2014

Below are the comments from a group facilitator for the Reach Project Group about the cooking sessions:

- Hands on activities were really good for our learners - Bigger print would have been easier for our learners who can read. Less reading is better! - Possibly using easy read material along with signs and symbols would assist the learners

7.2.3 Other Feedback (including from Complaints, the Patient Advice and Liaison Service, Patient and Carer Forums and other sources)

We have received 1 complaint in relation to the Nutrition and Dietetics service over the past 12 months, received June 2014. The complaint related to a discharge letter that was sent to the Consultant from the Nutrition and Dietetics Service as the complainant believed it did not give an accurate account of the input they had been receiving from the Nutrition and Dietetics service.

Following discussion with the complainant, a further letter was sent to the Consultant and the complaint was resolved.

7.2.4 Key issues to address

From the variety of sources of feedback the main issues that have been identified for improvement are outlined below together with any action taken or planned to respond.

Issue Raised	Response (Action taken or planned)
<p>Referral time from GP/Consultant to dietetics.</p> <p>Waiting times between appointments</p>	<p>There can be a delay in the referral being made to the service. Ideally, we would like to have a system of electronic referral, however this is not possible at the current time. We will look into this issue and explore ways to address it.</p> <p>Having a greater number of new patients has an impact of reducing the number of appointments available for follow ups. Follow ups are offered as clinically appropriate, also telephone support. We have started to keep 'slots' for urgent cases where referrals come in and we need to see them more urgently. Addressing the issue of referrals may also help to address waiting times.</p>
<p>Children's clinic area: families attending clinic would like better baby changing facilities, toys etc.</p>	<p>We were aware that the previous clinic area, based in pathology outpatients at Kings Mill Hospital, was not ideal for our younger patients. To address this, we have recently moved the children's clinic to the paediatric outpatient area. This provides a more suitable environment including better toys, baby changing area.</p> <p>Children's appointments at Newark Hospital are held in the Bramley Unit, which is already child focused.</p>
<p>Duration of diabetes education programme</p>	<p>The structured education programme has been provided 2 hours a week over 4 weeks, however following feedback this has been changed to 4 hours over 2 weeks. We will monitor the effect of this change.</p> <p>The contract for providing structured diabetes education has recently changed: we will be providing the DESMOND course, a self-management programme for people with Type 2 diabetes, due to start in June 2015. We are working with health partners to develop and deliver these structured education courses.</p>
<p>Developing opportunities for clients and carers to become involved in staff recruitment</p>	<p>We are a small team, however we would like to look into clients and carers participating in staff recruitment and interviews.</p>
<p>People wanting more information</p>	<p>We will be helping to develop and pilot Recap, a new digital platform offering information and support for patients and carers. This will enable us to provide accessible and timely information specific to the individual, promoting self care and targeted support or consultation.</p>

7.2.5 Comments/stories about the main issues raised

Below are some of the comments/stories that illustrate what has been said about the main issues raised:

- *Not waiting so long between appointments.*
- *To have information sheets available to hand at meeting*

- *Having the same person every time*
- *More seating available when waiting*
- *More time for assessments*

7.3 MAIN COMPLIMENTS RECEIVED

The main themes from the 'BEST THING' comments from the survey are shown below. We received 10 responses to this question in the last 3 months and 252 in the 12 months previous to that.

Category	% of overall total March to May 2015	Main 'Best thing' comments last 3 months March to May 2015	Main 'Best thing' comments for the previous 12 months March 2014 to February 2015
Staff/Staff Attitude:	32.46	1.Helpful/Caring/Friendly 15.97% 4. Other 8.77%	2) Helpful / Caring / Friendly 10.97% 8) Other 6.63%
Service Quality / outcomes	28.94	2) Advice / Support 14.04% 7) SU empowerment 5.26%	1) Advice/ Support 13.46%
Communication	27.21	3) Being Listened to 13.6% 5) Staff / Service User 7.02% 8) Availability of information 4.39%	3) being listened to 10.77% 5) Other 7.45% 7) Availability of information 6.63%
Care / Treatment	10.52	6) Other 6.14%	4) general 7.66% 6)Other 6.63%

7.3.1 Comments/stories about the best things about the service

Below are some of the comments/stories that illustrate what has been said about the best things about the service:

On staff/ Staff Attitude:

- *Very friendly and supportive*
- *Supportive and listening*
- *Friendly and very approachable*
- *Service with a smile-wonderful*

Service Quality/ Outcomes

- *Professionalism, well informed and very helpful*
- *Being able to follow up*
- *All excellent*
- *Quick Appointments*

Communication:

- *Loads of information on diet needs*
- *Explained everything in great detail, which I could understand*
- *Getting a better understanding of my ailment*

- *I was listened to*

Patient Opinion:

[201716](#) posted by the patient 07/01/2015:

'An excellent talk about the nutritional values of food in a way that could be understood. An interactive session with the audience asking about knowledge on food content and values. This was the bulk of the discussion which was very hands on. Some informative leaflets to take away and also act as an introduction to a nutrition course in February 2015. Thanks to the nutrition team!'

[200531](#) posted by the patient 06/01/2015:

'The Eating for Health six weeks course has been very informative and very well presented with back-up leaflets and practical examples of portions, the amounts of salt, sugar and amounts of fat etc. shown visually.'

8. INVOLVEMENT & EXPERIENCE ACTIVITIES IN THE NUTRITION AND DIETETICS SERVICE

- As part of the supporting NHS Leadership (MSc), clients and carers have been directly involved in patient observation and interviews, providing feedback to improve individual and group therapy processes.
- Clients involved in decisions around tendering specialist service providers, for example nutritional feed pumps.
- Implementation of Patient Opinion, for example across Public Health provision, also capturing feedback from people with learning disability.
- Commissioning decisions alongside an exploration of options by the service, including feedback from clients involved in groups e.g. TIIDE (a patient education course designed specifically for people with Type 2 Diabetes), has resulted in practical changes to programmes/resources. The TIIDE course is now being replaced by DESMOND, with modules, toolkits and care pathways providing a more flexible and adaptable approach to self-management for people with, or at risk of, Type 2 diabetes.
- We are also linking with patients, carers and supporters to explore the possibility of using digital health resources to support delivery of structured education and promote self care of diabetes.

9. RECOMMENDATION

The Trust Board is asked to note and comment on the report.

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Head of Involvement

Dean Howells
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